



**SUPERIOR COURT OF CALIFORNIA**  
**COUNTY OF SAN LUIS OBISPO**  
**APPLICATION FOR EMPLOYMENT**

County Government Center • 1035 Palm Street, Room 385 • San Luis Obispo, CA • 93408  
Job Line 1-805-781-5143 (Select Option 6) • TOLL FREE Within SLO County 866-249-9475  
Website: <http://www.slocourts.ca.gov/human.htm>

**EEO/ADA COMPLIANT**

**DATE  
RECEIVED:**

**INSTRUCTIONS TO APPLICANTS:** All pages of this application must be completed to be considered for court employment. Please type or print clearly in black or blue ink. This application is part of the examination process. Before completing this form, please read the minimum qualifications for the job in which you are interested. Your application will not be considered for this position unless you meet these qualifications. It is the applicant's responsibility to insure that the application is postmarked or on file with the Superior Court no later than 5:00 p.m. of the final filing date. Late applications will be rejected. **Resumes may be added to this application, but cannot be substituted for a Superior Court Application for Employment.**

|  |                               |
|--|-------------------------------|
| <b>LIST POSITION TITLE APPLYING FOR BELOW:</b> | <b>SOCIAL SECURITY NUMBER</b> |
|--|-------------------------------|

|                  |                   |                    |                                |
|------------------|-------------------|--------------------|--------------------------------|
| <b>LAST NAME</b> | <b>FIRST NAME</b> | <b>MIDDLE NAME</b> | <b>LIST ANY PREVIOUS NAMES</b> |
|------------------|-------------------|--------------------|--------------------------------|

|   |                                 |
|---|---------------------------------|
| <b>MAILING ADDRESS: NUMBER, STREET AND APT. OR P.O. BOX</b> | <b>CITY, STATE AND ZIP CODE</b> |
|---|---------------------------------|

|                              |  |  |
|------------------------------|--|--|
| <b>HOME TELEPHONE NUMBER</b> | <b>WORK TELEPHONE NUMBER</b>   | <b>MESSAGE TELEPHONE NUMBER</b>  |
|                              | May we contact you at this number?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | May we contact you at this number?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

|  |  |
|--|--|
| Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/> | Can you submit proof of age after employment? Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|--|

**LIST LANGUAGES OTHER THAN ENGLISH IN WHICH YOU ARE PROFICIENT**  
Speak: \_\_\_\_\_ Read: \_\_\_\_\_ Write: \_\_\_\_\_

**EDUCATION:** Applicants may be required to furnish proof of academic training by transcript or diploma.

**LAST HIGH SCHOOL ATTENDED:**

Did you graduate? Yes ☐ No ☐ If not, do you have a GED Certificate? Yes ☐ No ☐

| EDUCATIONAL INSTITUTIONS<br>ATTENDED<br>(Colleges, Technical Schools, etc.) | COURSE OF STUDY/MAJOR | UNITS<br>COMPLETED |      | TYPE OF<br>DEGREE or<br>CERTIFICATE | From<br>Mo/Yr | To<br>Mo/Yr |
|---|-----------------------|--------------------|------|-------------------------------------|---------------|-------------|
|   |                       | Semester           | Unit |                                     |               |             |
|   |                       |                    |      |                                     |               |             |
|   |                       |                    |      |                                     |               |             |
|   |                       |                    |      |                                     |               |             |
|   |                       |                    |      |                                     |               |             |

**PROFESSIONAL CREDENTIALS (LICENSES, CERTIFICATES, REGISTRATIONS)**

| NAME OR DESCRIPTION | ISSUING AGENCY OR BOARD | ISSUING<br>DATE | EXPIRATION<br>DATE |
|---------------------|-------------------------|-----------------|--------------------|
|                     |                         |                 |                    |
|                     |                         |                 |                    |

List any software programs, special skills, training, machines or equipment that you can operate that relates to the requirements of the position.

**DRIVER'S LICENSE, IF NEEDED FOR JOB.** Class: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_ Date Expires: \_\_\_\_\_

**TYPING/DATA ENTRY SKILLS. PLEASE INDICATE:** Typing Speed \_\_\_\_\_ W.P.M. (Subject to verification)

**AVAILABILITY SCHEDULE**

Indicate the types of appointment you are willing to accept: \_\_\_\_\_ Indicate the geographic areas where you are willing to work: \_\_\_\_\_  
☐ Full-time ☐ Part-time ☐ Temporary ☐ Any location ☐ Paso Robles ☐ Grover Beach ☐ San Luis Obispo

**Do you need reasonable accommodation to take and interview or written test?** Yes ☐ No ☐

**CONVICTION RECORD: As an adult have you ever been convicted of an offense other than a minor traffic violation?** Yes ☐ No ☐  
Do not include convictions while a minor and/or convictions sealed by a court order. If yes, give date location and disposition of case. Give as much information as possible. (Use additional paper if necessary.) Note: A conviction record will not automatically disqualify you. A false statement or omission may result in automatic disqualification even after you have been employed. You may be asked to provide further details when interviewed.

Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Sentence: \_\_\_\_\_

| OFFICE USE ONLY | Qualified | Not Qualified | Reason Code | Date | Reviewed By |
|-----------------|-----------|---------------|-------------|------|-------------|
|                 |           |               |             |      |             |

|  |                                       |            |             |                                  |
|--|---------------------------------------|------------|-------------|----------------------------------|
| LAST NAME  |                                       | FIRST NAME | MIDDLE NAME | SOCIAL SECURITY NUMBER           |
| <b>Current Superior Court of California, County of San Luis Obispo employee? Yes <input type="checkbox"/> No <input type="checkbox"/></b>  |                                       |            |             |                                  |
| <b>EXPERIENCE:</b> Please account for all employment within the last ten years, beginning with your current or most recent position. In addition, please indicate any other experience that you feel is relevant to the position for which you are applying (e.g., volunteer experience, military experience, etc.). Complete all requested information fully. <b>PLEASE USE ADDITIONAL WORK EXPERIENCE ADDENDUM FORM OR YOU MAY ATTACH ADDITIONAL SHEETS IF NECESSARY.</b>  |                                       |            |             |                                  |
| From (Mo/Yr)   | Present or Most Recent Employer Name: |            |             | Your Job Title:                  |
| To (Mo/Yr)   | Type of Business:                     |            |             | Your Supervisors Name and Title: |
| Regular Hours Per Week:  | Mailing Address:                      |            |             |                                  |
| Rate Of Pay:   | City, State, Zip Code:                |            |             | Phone Number:                    |
| Reason for Leaving:  | Duties:                               |            |             |                                  |
| From (Mo/Yr)   | Employer Name:                        |            |             | Your Job Title:                  |
| To (Mo/Yr)   | Type of Business:                     |            |             | Your Supervisors Name and Title: |
| Regular Hours Per Week:  | Mailing Address:                      |            |             |                                  |
| Rate Of Pay:   | City, State, Zip Code:                |            |             | Phone Number:                    |
| Reason for Leaving:  | Duties:                               |            |             |                                  |
| From (Mo/Yr)   | Employer Name:                        |            |             | Your Job Title:                  |
| To (Mo/Yr)   | Type of Business:                     |            |             | Your Supervisors Name and Title: |
| Regular Hours Per Week:  | Mailing Address:                      |            |             |                                  |
| Rate Of Pay:   | City, State, Zip Code:                |            |             | Phone Number:                    |
| Reason for Leaving:  | Duties:                               |            |             |                                  |
| From (Mo/Yr)   | Employer Name:                        |            |             | Your Job Title:                  |
| To (Mo/Yr)   | Type of Business:                     |            |             | Your Supervisors Name and Title: |
| Regular Hours Per Week:  | Mailing Address:                      |            |             |                                  |
| Rate Of Pay:   | City, State, Zip Code:                |            |             | Phone Number:                    |
| Reason for Leaving:  | Duties:                               |            |             |                                  |
| From (Mo/Yr)   | Employer Name:                        |            |             | Your Job Title:                  |
| To (Mo/Yr)   | Type of Business:                     |            |             | Your Supervisors Name and Title: |
| Regular Hours Per Week:  | Mailing Address:                      |            |             |                                  |
| Rate Of Pay:   | City, State, Zip Code:                |            |             | Phone Number:                    |
| Reason for Leaving:  | Duties:                               |            |             |                                  |
| <b>MAY WE CONTACT ALL EMPLOYERS LISTED? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, indicate exceptions:</b>   |                                       |            |             |                                  |
| <b>CERTIFICATE OF APPLICANT AND CONSENT TO RELEASE OF INFORMATION</b><br>I consent to the release of information about my ability and fitness by employers, schools, law enforcement agencies and the other individuals and organizations to investigators, human resources employees and other authorized employees of the Superior Court. I certify that all statements made on this application and <u>any attachments</u> are true and complete to the best of my knowledge. I understand that any false statements may lead to disqualification or dismissal. |                                       |            |             |                                  |
| Signature:   |                                       |            | Date:       |                                  |



**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF SAN LUIS OBISPO  
ADDITIONAL WORK EXPERIENCE**

|           |            |             |                        |
|-----------|------------|-------------|------------------------|
| LAST NAME | FIRST NAME | MIDDLE NAME | SOCIAL SECURITY NUMBER |
|-----------|------------|-------------|------------------------|

**EXPERIENCE:** Please account for all employment within the last ten years, beginning with your current or most recent position. In addition, please indicate any other experience that you feel is relevant to the position for which you are applying (e.g., volunteer experience, military experience, etc.). Complete all requested information fully.  
**PLEASE USE ADDITIONAL WORK EXPERIENCE ADDENDUM FORM OR YOU MAY ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**Current Superior Court of California, County of San Luis Obispo employee? Yes ☐ No ☐**

|                         |                        |                                  |
|-------------------------|------------------------|----------------------------------|
| From (Mo/Yr)            | Employer Name:         | Your Job Title:                  |
| To (Mo/Yr)              | Type of Business:      | Your Supervisors Name and Title: |
| Regular Hours Per Week: | Mailing Address:       |                                  |
| Rate Of Pay:            | City, State, Zip Code: | Phone Number:                    |

|                     |         |
|---------------------|---------|
| Reason for Leaving: | Duties: |
|---------------------|---------|

|                         |                        |                                  |
|-------------------------|------------------------|----------------------------------|
| From (Mo/Yr)            | Employer Name:         | Your Job Title:                  |
| To (Mo/Yr)              | Type of Business:      | Your Supervisors Name and Title: |
| Regular Hours Per Week: | Mailing Address:       |                                  |
| Rate Of Pay:            | City, State, Zip Code: | Phone Number:                    |

|                     |         |
|---------------------|---------|
| Reason for Leaving: | Duties: |
|---------------------|---------|

|                         |                        |                                  |
|-------------------------|------------------------|----------------------------------|
| From (Mo/Yr)            | Employer Name:         | Your Job Title:                  |
| To (Mo/Yr)              | Type of Business:      | Your Supervisors Name and Title: |
| Regular Hours Per Week: | Mailing Address:       |                                  |
| Rate Of Pay:            | City, State, Zip Code: | Phone Number:                    |

|                     |         |
|---------------------|---------|
| Reason for Leaving: | Duties: |
|---------------------|---------|

**MAY WE CONTACT ALL EMPLOYERS LISTED? YES ☐ NO ☐ If no, indicate exceptions:**